

Supporting greater diversity in pharmacy leadership



By Mohammed Koli, a lead pharmacist for the Primary Care Network (PCN) Team at Northamptonshire Healthcare Foundation Trust (NHFT)



Mohammed Koli

About my current role

As a lead pharmacist, I am responsible for all aspects of the service including recruitment, education, and training of the team, governance, service development, and to ensure that the team continues to meet the needs of the local population.

The PCN pharmacy team provides clinical pharmacists and pharmacy technicians to several GP surgeries across Northamptonshire, in a patient-facing role. Duties of the team involve providing support to general practice staff, chronic disease management, and structured medication reviews to proactively manage patients with complex polypharmacy, medicines optimisation, medicines safety, and quality improvement of prescribing.

Alongside the lead pharmacist role, I represent the PCN pharmacy workforce at the Northamptonshire pharmacy faculty. The creation of pharmacy faculties is intended to facilitate system-wide collaboration across professionals between health, social care, voluntary and education providers, to formally work together across an integrated care system. The work involves aligning the pharmacy workforce priorities across the system, to focus on education, training, and pharmacy workforce supply.

I am also the co-chair of NHFT's REACH (race, ethnicity, and cultural heritage) Network. The staff network provides safe and confidential spaces for colleagues to raise concerns, share their ideas and experiences and discuss key issues of interest for all ethnic or cultural minority staff. As co-chair, I promote wellbeing, engagement, and representation of colleagues with the aim to improve race equality and cultural awareness across the organisation including at the board level. The work can include challenging instances of unfair or inconsistent treatment to supporting the development of inclusive practices and policies of the trust which will lead to a more inclusive workplace.

The importance of diversity in senior pharmacy professional leadership

The pharmacist workforce is approximately 47% comprised of ethnic minorities (GC 2019) therefore it is imperative that the leadership is an accurate reflection of the profession. Yet the current pharmacy leadership within the NHS neither reflects nor represents the diversity of its workforce. For example, out of 87 NHS trusts and Health boards, 34.5% of pharmacy departments do not employ any ethnic minority pharmacists at band 8b. This number becomes much higher at band 8c.

When ethnic minority employees join a workplace and see a senior leader that looks like them, they feel seen and know that progression is realistic for them. This will allow organisations to develop and retain the best talent. In contrast, whenever I have been interviewed by a non-diverse panel, I cannot help but question am I the diversity candidate, and if successful, will I have a long-term future at the organisation?

Furthermore, diverse leaders will be able to draw on their personal lived experiences to identify and remove any potential barriers to a truly inclusive workplace leading to opportunities for growth and innovation. Countless studies have shown when employees are able to bring their true versions of themselves to work, it leads to a more productive workforce.

Diversity at the senior level will lead to cultural competency, and the ability of pharmacy providers to deliver and offer services with thorough supporting guidance and logical processes that meet the unique social and cultural needs of their patients. This will help break down any perceived barriers between patients and the pharmacy workforce and enhance the public's confidence in pharmacist-led services. This is reinforced in a [Health Education England literature review](#) from 2020, which found evidence that diverse healthcare teams are associated with improved patient satisfaction with their care and better morale.

Developing and supporting the next generation

To encourage more young people to pursue a career in pharmacy, I organise work experience placements for 16–18-year-old students. I facilitate a workshop covering primary care pharmacy with fourth-year students at the University of Huddersfield. I also work in partnership with local universities to provide work placements for pharmacy students in general practice throughout their degrees. I take these opportunities to discuss trainee and student hopes, expectations, and future career aspirations. I regularly discuss my journey, the various roles I have worked in, and the importance of not being demotivated after setbacks.

My story

My first contact with pharmacists was through work experience at a local pharmacy. I always wanted a career that allowed me to work with people. The pharmacist I shadowed was dedicated to the community he served and had built a strong rapport with his patients. This helped my decision to study pharmacy at university.

Like many pharmacists, I started my career in community pharmacy working for a multiple, managing a busy store, and a large team. I decided to leave my post as I wanted a new challenge. A career in NHS commissioning strongly appealed to me. I approached a pharmacist working in the NHS for some advice about applying for roles. I was told I am unlikely to be successful as I do not have a hospital pharmacy background. This went some way to explain why I did not get any interviews despite having ten years of pharmacy experience.

The rejections did not deter me, I was willing to essentially 'restart' my career by applying for a band 6 (newly qualified level) bank pharmacist post at a local acute trust to gain the necessary experience.

Around the same time, Manchester CCG's medicines optimisation team was looking to recruit pharmacists for their new practice-based pharmacy team. Thankfully, they were not looking for hospital experience. At the time, the number of pharmacists with community pharmacy backgrounds was in the minority.

My professional and personal background allowed me to undertake a number of roles within the medicines optimisation team, often working in partnership with external organisations and providing valuable insight and cultural context. For example, I was able to explain why there is poor uptake of the children's inhaled flu vaccine in a predominantly Muslim area of the city. The vaccine contained ingredients derived from pork and suggest the provision of a suitable alternative. I was able to draw upon my community pharmacy experience to develop and pilot workstreams such as reduction of medicine waste, increase the uptake of electronic repeat prescribing and help develop a protocol for the safe delivery of controlled drugs, by the local council volunteer service during the Covid-19 pandemic.

New entrants to the profession

The new emerging 'gen Z' workforce has a vastly different approach to their career goals and professional development, with a stronger emphasis on core values, organisational culture, and diversity. Therefore, it is imperative for pharmacy leaders to develop a workforce strategy that can meet the expectations of the new generation of pharmacy professionals. From conversations with pharmacy students and newly qualified pharmacists, there is a greater interest in a portfolio career. I work in partnership with local hospitals and community pharmacies to develop and provide joint training of foundation year pharmacists and pre-registration pharmacy technicians, with a scope to develop further cross-sector roles.

It is essential that leaders are conscious of any cultural 'blind spots' within their team and strategy. The younger generations are more culturally aware therefore, the leadership strategies and recruitment must reflect the new workforce and its inclusive values. When students, trainees, or new colleagues join an organisation, senior leaders must be visible role models. They must cultivate a workplace culture that celebrates its diversity. Policies and pathways must be clear to ensure a fair and equitable process for development, mentorship, and senior leadership roles. Such a display will ensure students, trainees, and newly qualified professionals will feel accepted and be provided with a sense of belonging. This will improve retention and start them on their journey to develop into the next generation of successful leaders.

Actions that can be taken to improve diversity in senior pharmacy professional leadership

When discussing the lack of ethnic minority representation at senior levels in pharmacy, I was once told *"They prefer to work as locums, therefore they are not interested in career development."* However, no one in the organisation took the time to explore why pharmacists/pharmacy technicians from ethnic and cultural minorities opt for such a career path. On several occasions, I have heard the lazy argument, when discussing the lack of diversity at senior levels, is due to a 'lack of talent' or the 'lack of experience of having worked at a senior level'.

The silence is deafening when questioned about how many minority people are being mentored and developed within the team to become future senior leaders.

Change needs to start with an honest self-assessment of the current team's workplace and leadership culture, such as the following, does your team organise social events that are inclusive? Many ethnic minority colleagues would not attend work events held in bars/pubs due to cultural or religious reasons. Does your team allow colleagues to schedule their breaks to attend Friday prayers? Are the leadership team aware of cultural or religious festivals celebrated by your workforce and take such factors into account when planning rotas?

Senior leaders should ensure training and development is discussed and planned at every 1:1 for every colleague, not just for those that look and sound like the current leadership team.

Challenge incidences of microaggressions and ignorance. Additionally, they must develop a culture where it is safe to talk about experiences of discrimination, without downplaying its effects. This will start to resonate throughout the team leading to an authentically inclusive workplace.

A common theme amongst senior pharmacy leaders is the presence of effective mentorship. How much mentoring is being offered to ethnic minority staff once they start moving up the ladder? Does the rate of mentoring differ amongst the white colleagues in the team?

I provide an 'open door' policy for all members of the pharmacy team I lead by looking for continuous opportunities to develop the team's expertise and knowledge base. As a senior leader in the team, it is my responsibility to cultivate an inclusive workplace and develop the next generation of pharmacy leaders. I include the team in discussions and encourage and welcome their perspectives when developing work programmes. Where possible, I include members of the team to join countywide meetings which allow them to have exposure to something they would not normally be involved in. After the meeting, I would discuss with them their thoughts on how the meeting went, what decisions were made, and why they were made.

By spending a portion of the monthly 1:1 to discuss non-work matters and the colleague's wellbeing makes me more effective in my role. This allows me to understand their motivations, respect their individuality, and remove any potential barriers to them fully integrating into the team.

Each team member has a development plan including leadership training, their long-term career goals, whether they lie with the organisation or beyond. For example, I have a member of the team who was passionate about teaching. When a post became available, I wanted to retain this member of the team, by working with the pharmacy school to organise a rota that would allow them to accept a post at a local university whilst continuing to work for the trust.

Employers, review your recruitment process. Is it fair and inclusive? Does the process incorporate experiences and values? Are you asking questions that will discriminate against colleagues working in a specific sector?

I recall one interview, where I was asked several questions to state information from specific drug monographs. I am still yet to understand what the recruiters were trying to achieve by assessing my memory skills. They did not ask any questions to explore my understanding of the role or which skills I could bring to the team etc. If candidates are unsuccessful, you must provide thorough feedback which they can use to work on any gaps in their knowledge and experiences.

Looking to the future

Pharmacy is at the forefront of many conversations nationally, and the need to continually innovate is key for the profession to remain relevant across the healthcare landscape. The profession is now moving towards increasing interaction with patients and the public. Coupled with changes in patient attitudes towards healthcare, pharmacy leaders must actively remove any perceived boundaries within the profession to develop exciting new services and ways of working to meet the demands of patients. Achieving the desired outcomes will require a system-wide approach involving multiple stakeholders, including employers, education providers, and diverse leaders across the industry to work together to deliver new, innovative training and development opportunities. The diversity of voices and ideas will play a large part in the success of such endeavours.

Overcoming the lack of diversity and representation of minority groups at senior levels within pharmacy begins when the current leaders start to recognise their own personal and professional biases. Leaders need to become comfortable with having people around 'the table' who look, speak, and think differently to them. Leaders should approach individuals within their own teams who are not like them, or the ones they do not interact with often for their input and ideas. This will be a wonderful opportunity to spot talent within their own organisations and open the chance to mentor these individuals and provide further platforms to showcase their capabilities. In addition, leaders should not ignore or discredit previous experiences in sectors which they may personally not be familiar with. Professional and lived experiences do not follow a standardised format, their intricacies, and uniqueness should be valued.

Developing the next generation of diverse leaders should not be conditional. A common defence for lack of development opportunities is 'they just leave once they get the experience'. This should not be viewed as a bad thing, as 'a rising tide raises all boats' mindset should be adopted. By developing the individual, your organisation will add a highly skilled pharmacy professional to the system which will only contribute to the success of the profession. Building a culture of inclusion is not going to happen overnight. It takes deliberate actions, starting with leaders demonstrating inclusive leadership behaviours, and using their platform to advocate for change. This includes the willingness to challenge the lack of diversity in their teams, reviewing their processes, and the team culture.

For example, as the co-chair of the REACH Network I am supporting NHFT's 'Together against Racism' initiative where part of the strategy is to review and support the development of the Trust's recruitment process to ensure it is inclusive and provides an equitable chance of success for all applicants. With the large-scale changes underway across all sectors of the profession, I am optimistic this will prompt the necessary culture shift where the pharmacy profession can no longer ignore the majority of its own workforce.